

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000028546 (8)
 1. Corporation Name
CLOSE QUARTERS, INC.



Principal Place of Business 715 5TH ST E BRADENTON FL 34208 US	Mailing Address 3365 RAMBLEWOOD PL SARASOTA FL 34237-3833 US
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3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last Report 04/12/1996
4. FEI Number 65-0402993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 3971 Spyglass Hill Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Sarasota FL 34238
Zip 24	Country 25
29 34238-2826	30 USA

9. Name and Address of Current Registered Agent

**BAKER, MICHAEL W
3365 RAMBLEWOOD, FL
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name Annette Watson
82 Street Address (P.O. Box Number is Not Acceptable) 3971 Spyglass Hill Rd
83
84 City Sarasota
85 Zip Code FL 34238

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Annette Watson* **President** DATE: **2/25/97**

Sign the typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, MICHAEL	
STREET ADDRESS	3365 RAMBLEWOOD PL	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, ERIN E	
STREET ADDRESS	3365 RAMBLEWOOD PL	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, CARIL M	
STREET ADDRESS	3365 RAMBLEWOOD DR	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, JOHN	
STREET ADDRESS	3365 RAMBLEWOOD PL	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Annette Watson	
1.3 STREET ADDRESS	3971 Spyglass Hill Rd	
1.4 CITY-ST-ZIP	Sarasota FL 34238	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mark Bayliss	
2.3 STREET ADDRESS	3971 Spyglass Hill Rd	
2.4 CITY-ST-ZIP	Sarasota FL 34238	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Annette Watson* **Annette Watson** DATE: **2/25/97** DAYTIME PHONE: **941 921 7739**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/96)